5/13/

FILED
Jun 24, 2002 8:00 am
Secretary of State

05-13-2002 90207 041 ****50.00

DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000007175

1. Entity Name

DIGINET PRINTING, L.L.C.

Principal Place of Business	Mailing Address
~~3440 HOLLYWOOD BLVD.~~ ~~STE 360~~ ~~HOLLYWOOD FL 33021~~	~~3440 HOLLYWOOD BLVD.~~ ~~STE 360~~ ~~HOLLYWOOD FL 33021~~

2. Principal Place of Business	3. Mailing Address
5723 NW 159 Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Lakes, FL	City & State
Zip: 33014 Country: Dade	Zip Country

4. FEI Number 65-1101876 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

~~ROTH, LEONARDO A ESQ.~~
~~3440 HOLLYWOOD BLVD.~~
~~STE 360~~
~~HOLLYWOOD FL 33021~~

7. Name and Address of New Registered Agent

Name Nestor G. Perego

Street Address (P.O. Box Number is Not Acceptable) 5723 NW 159 Street

City Miami Lakes **FL** Zip Code 33014

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE X Nestor G. Perego [signature] DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUILLERMO PEREGO, NESTOR 3440 HOLLYWOOD BLVD. HOLLYWOOD FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLSIEWIEZ BOSCH, MARIANO 3440 HOLLYWOOD BLVD. HOLLYWOOD FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X Nestor G. Perego SIGNATURE REQUIRED [signature] 4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)